

APPLICATION FOR FREE SCHOOL MILK 2001 - 2002

To apply for free milk, complete this form, sign it and return it to the School.

Part 1. List each child's information. If the child(ren) has a FOOD STAMP or ANFC case number, list the number below, then SKIP TO Part 4 of this form. Do not list Medicaid number.					
FULL NAME(S) of student(s)	Name of School	Grade	Food Stamp #	ANFC Case #	
Part 2. [] Check here if this application is for a FOSTER CHILD : List the child's monthly personal use income. (Write "0" if the child has no personal use income), then SKIP TO Part 4 of this form.					\$
Part 3. List NAMES OF ALL HOUSEHOLD MEMBERS, including students listed above, and all INCOME (If you completed Food Stamp or ANFC section of Part 1 or completed Part 2 above, skip to Part 4)					
Name of household member	Gross MONTHLY Earnings (Before deductions-taxes, etc.)		MONTHLY Child Support Alimony Welfare	MONTHLY Social Security Pensions Retirement	Any other MONTHLY Income
	Job 1	Job 2			
Part 4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.					
Signature of Parent or Legal Guardian			Social Security Number* (if none, write none)		
Street/Apt No.			Home Phone		
			Work Phone		
City/State/Zip			Date Signed		
Part 5. Other Benefits: You do not need to complete this Part to get free milk. Are the children listed on this application enrolled in a health insurance program? Circle one: Yes No Children who qualify for free milk may qualify for the Health Insurance Program, Dr. Dynasaur. (Please see other side for additional health insurance information)					

*PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or ANFC case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY DO NOT WRITE BELOW THIS LINE			
Monthly Income Conversion: Weekly x 4.33 Every 2 weeks x 2.15 Twice a Month x 2 Total Household Size: _____ Monthly Income: _____		Eligibility Determination: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Approved Free <input type="checkbox"/> Denied </div> <input type="checkbox"/> Temporary Until: _____	
Signature of Determining Official _____ Date _____		Reason For Denial: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Over-Income </div> <input type="checkbox"/> Other	

Dear Parent/Guardian:

Children with health insurance are more likely to get preventive health care and care when they are sick. This results in fewer absences from school because of illness and children coming to school ready to learn. If your children do not have insurance, you will be interested to know that many families getting free and reduced price school meals can also get free or low-cost health insurance for their children. However many families do not know about the health insurance programs available to them.

The law now allows us to share your free and reduced price meal eligibility information with the Dr. Dynasaur or Medicaid program. The Dr. Dynasaur or Medicaid program can only use that information to identify children who might be eligible for free or low-cost health insurance and to enroll them in the program. They are not allowed to use the information from your free and reduced price meal application for any other purpose. Dr. Dynasaur or Medicaid program officials may contact you to get more information.

You are not required by law to allow us to share information from your children's free and reduced price meal application with the Dr. Dynasaur or Medicaid program. It will not affect your children's eligibility for free or reduced price school meals. If you do not want your information shared with the Dr. Dynasaur or Medicaid program, you must let us know by completing the section below:

(✓) ☐ I **do not** want school officials to share information from my free and reduced price school meal application with Dr. Dynasaur or the Medicaid program.

Signature of Parent/Guardian _____

Date _____

INSTRUCTIONS FOR COMPLETING A FREE SCHOOL MILK APPLICATION

DO NOT WRITE ON THIS SHEET

To apply for free school milk: fill out the Application, sign it, and return it to the school. Call the school if you need help. You must complete Part 1 and Part 4. You must also complete either one of the last columns in Part 1, OR Part 2, OR all of Part 3, depending on your situation.

Part 1: Student(s) Information *All Households Must Complete This Part*

- Print the name(s) of the child(ren) you are applying for.
- Print the name of your child(ren) ● s school.
- List each child ● s grade.

Complete one of the last two columns of Part 1 Only if the child receives Food Stamp Or ANFC Benefits:

- List the Food Stamp or ANFC case number for the child(ren).
- Do not list names of household members or income in Part 3 if you give a Food Stamp or ANFC case number of the child(ren).
- An adult household member must sign the application in Part 4.

Part 2: Household Applying for Foster Child(ren) *Complete This Part Only If The Child Listed In Part 1 Is A Foster Child*

- Check here only if you are applying for a foster child. A foster child is the legal responsibility of the state or the court.
- Enter the foster child's monthly personal use income. If the child has none, enter "0" in that space, or the application may be denied.
- Personal use income ✕ is (1) money given by the welfare office identified by category for the child ● s personal use, such as for clothing, school fees, and allowances; and (2) all other money the child gets, such as money from her/his family and money from the child ● s full-time or part-time jobs.
- Skip Part 3. In Part 4, a foster parent or other official representing the child must sign the application.
- The social security number line may be left blank.

Part 3: All Other Households *Complete This Part If You Did Not Complete Food Stamp or ANFC section of Part 1, OR Part 2*

- List the names of everyone in your household, whether they receive income or not. Include yourself, the child(ren) you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use additional paper if more space is needed.
- Write the amount of income each household member received last month, before taxes or anything else was taken out, in the appropriate column. If last month ● s income was more or less than usual, write that person ● s usual monthly income. See the chart to the right for income to report.

INCOME CONVERSION CHART

If income is received:

- ◆ Weekly → multiply the amount by 4.33
- ◆ Every two weeks → multiply the amount by 2.15
- ◆ Twice a month → multiply the amount by 2

- In Part 4, an adult member must sign the application and give his/her Social Security Number. **The application may be denied if the Social Security Number is left blank.**

INCOME TO REPORT

Earnings from Work:

Wages, salaries, tips	Unemployment compensation
Strike benefits	Worker ● s compensation
Net income from self-owned business or farm	

Welfare/Child Support/ Alimony:

General Assistance payments	Welfare payments
Child Support payments	Alimony payments

Pensions/Retirements/Social Security:

Pensions	Veterans payments
Retirement income	Social Security
Supplemental Security Income (SSI)	

Other Income:

Disability benefits	Cash withdrawn from savings
Interest, dividends	Estate/trust/investment income
Net royalties, annuities, net rental income	
Regular contributions from persons not living in household	
Any other income	

Part 4: Signature and Social Security Number *All Households Must Sign This Part*

- All applications must have the signature of a parent or legal guardian.
- The application must have the Social Security Number of the adult who signs it. If the adult does not have a Social Security Number, write None ✕ in the space. If you listed a Food Stamp or ANFC number for your child or if you are applying for a foster child, a Social Security Number is not needed.

NOTICE TO VERMONT PARENT/GUARDIANS NATIONAL SCHOOL LUNCH PROGRAM & SCHOOL BREAKFAST PROGRAM

Your school serves meals each school day. Your child(ren) may get free meals if you now get food stamps or ANFC for the child(ren). If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) can get free or reduced priced meals. Another chart with lower income limits is used to decide if your child(ren) qualify for free meals. A foster child may get free meals regardless of your income.

To get free or reduced price meals for your child(ren), fill out an application and return it to the school. We cannot approve an application that is not complete, so please follow **the Instructions For Completing A Free & Reduced Price School Meals Application** on the back of this notice. You will hear from us within ten days about whether your application is approved or denied.

Reduced Price Guidelines 2001-2002				HOW TO APPLY: Print the child(ren) ●'s name on the top part of the application form. If you now get food stamps or ANFC for the child(ren), the application just needs a food stamp or ANFC case number for the child(ren) and signature of an adult household member. If you are applying for a foster child, the application must have the child ●'s personal use income ✕ and an adult signature. For all other children, the application must list names of all household members, including the child(ren) listed at the top, and the amount of income each person got last month and where it came from. The form must also have the signature of an adult household member, and that person ●'s social security number or the word None ✕ if the adult does not have a social security number.
Household Size	Annual	Month	Week	
1	15,892	1,325	306	
2	21,479	1,790	414	
3	27,066	2,256	521	
4	32,653	2,722	628	
5	38,240	3,187	736	
6	43,827	3,653	843	
7	49,414	4,118	951	
8	55,001	4,584	1,058	
Add for each additional household member	+5,587	+466	+108	

VERIFICATION: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child(ren) should get free or reduced priced meals.

REPORTING CHANGES: If your child(ren) get free or reduced price meals because of your income, you must tell the school if your household size decreases or your income goes up by more than \$50 per month or \$600 per year. If your child(ren) get free meals because s/he gets food stamps or ANFC, you must tell the school if the food stamp or ANFC benefits for the child(ren) stops. You may then fill out another application giving income information.

YOU MAY APPLY OR RE-APPLY for meals anytime during the school year. If you do not qualify now but have a change, like a decrease in household income, an increase in household size, become unemployed or start getting food stamps or ANFC for your child(ren), you may complete an application then.

FAIR HEARING: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Name: _____ Phone: _____

Address: _____

NON-DISCRIMINATION: Program benefits and services are available to all children without regard to race, color, gender or sexual orientation, handicap, age or national origin. If you believe you have been discriminated against, write immediately to the Secretary of Agriculture, Washington, D.C. 20205.